



## Application Data Sheet

### Application Information

Application number::	<u>10/805,075</u>
Filing Date::	03/19/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	COMPOSITIONS AND METHODS OF USING HEXOKINASE V
Attorney Docket Number::	016325-008110US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	10
Total Drawing Sheets::	13
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jeffrey  
Middle Name:: D.  
Family Name:: Johnson  
Name Suffix::  
City of Residence:: Moraga  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 15 Corte Mateo  
City of Mailing Address:: Moraga  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94556

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Belgium  
Status:: Full Capacity  
Given Name:: Francine  
Middle Name:: M.  
Family Name:: Gregoire  
Name Suffix::  
City of Residence:: Lafayette  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1044 Carol Lane  
City of Mailing Address:: Lafayette  
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94549

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Anthony

Middle Name::

Family Name:: Schweitzer

Name Suffix::

City of Residence:: Redwood City

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 546 Nimitz Avenue

City of Mailing Address:: Redwood City

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94061

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Yuko

Middle Name::

Family Name:: Terasawa

Name Suffix::

City of Residence:: Campbell

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 781 Jeffrey Avenue

City of Mailing Address:: Campbell

State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 95008

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Maria  
Middle Name:: E.  
Family Name:: Wilson  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1025 de Haro Street  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94107

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: E.  
Family Name:: Blume  
Name Suffix::  
City of Residence:: Danville  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 31 St. Maurice Court

City of Mailing Address:: Danville  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94526

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/456,650	03/18/03

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name:: METABOLEX, INC.  
Street of mailing address:: 3876 Bay Center Place  
City of mailing address:: Hayward  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94545